

Skyline View Apartments

50 N. 9th St., Reading, PA 19601
(610) 376-6535

Thank you for your inquiry to Housing Development Corporation MidAtlantic, the premier non-profit provider of quality affordable apartments, townhomes, and rental housing. Our organization is dedicated to expanding residential opportunities for low to moderate income families, senior citizens and individuals by providing affordable, safe and secure housing solutions through innovative Property Management Services and Real Estate Development Services in Pennsylvania & Delaware.

Skyline View Apartments is for seniors age 55 and older. This property features 140 efficiency, alcove, or one bedroom apartments. Section 8 Vouchers are accepted.

HDC MidAtlantic is pleased to offer these affordable housing accommodations as a solution to your needs. Enclosed is an application and fact sheet that includes property information, unit rents, and basic income limit guidelines.

When completing emailed or downloaded applications, please note the following:

- There is a different application for every property, please make sure you are filling out the correct application.
- You must print out the application in order to complete it.
- You may NOT email or fax applications. All applications must be mailed or hand delivered to the property where you are applying for residency. In some cases, an application fee must accompany the application.
- **This application must be returned to:**
Skyline View Apartments
50 North Ninth Street
Reading, PA 19601

Don't forget to visit us online at www.hdcweb.com or check us out on Facebook at www.facebook.com/HousingDevelopmentCorp.

Please contact us today to learn more about affordable living options at an HDC MidAtlantic property and to explore your future! We look forward to welcoming you home to HDC MidAtlantic!

The HDC MidAtlantic Team

info@hdcweb.com

www.hdcweb.com

Equal Housing Opportunity



Another property professionally managed by Housing Development Corporation MidAtlantic
4-6 West King Street • Lancaster, PA 17603-3824 • 717-291-1911 • National Relay Service: Dial 711





50 North Ninth Street
Reading, PA 19601

610-376-6535 TTY 711
info@hdcweb.com



RENTAL INFORMATION:

Seniors Age 55 + Only

140 Affordable Housing, Senior Occupancy Apartments

Section 8 Vouchers Accepted

Efficiency Apartments (1 Full Bath) - \$345

Alcove Efficiency Apartments (1 Full Bath) - \$428

1 Bedroom Apartments (1 Full Bath) - \$610

RENT INCLUDES, ELECTRIC, HEAT, WATER, HOT WATER, SEWER AND TRASH REMOVAL

All common areas are wheelchair accessible

Apartments are specifically designed for individuals needing accessibility features

AMENITIES INCLUDE:

- ◆ Individually Controlled
- ◆ Heating & Central Air
- ◆ Conditioning
- ◆ Fully Equipped Kitchen
- ◆ Laundry Facilities
- ◆ Elevator
- ◆ Community Room
- ◆ Emergency Pull to Alert Cords
- ◆ Tele-Entry System
- ◆ On-Site Building Management
- ◆ On-Site Maintenance
- ◆ 24-Hour Emergency Maintenance
- ◆ Off-Street Parking
- ◆ On-Site Supportive Services
- ◆ Pet Friendly
- ◆ Tobacco free Community

APPLICATION PROCESSING:

Credit history, criminal background, landlord history, and other resident selection criteria apply. Income limits, and other resident selection criteria will determine the eligibility to lease the apartment. Households comprised entirely of full time students will not qualify unless certain exceptions are met. All statements made on the rental application must be verified in writing through a third party not related to the applicant household.



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RENTAL APPLICATION

Market Rate
Rental Application
Revised: 3/2017

Dear Applicant:

In order to process your application and because of rising costs, we find it necessary to charge a processing fee. The fee is: **\$17.00 One Adult / \$34 Two Adults or more**

This is a NON-REFUNDABLE FEE, even if your application is rejected for any reason (over income, unacceptable credit, unacceptable references, or any other reason) or you withdraw your application. The fee is to cover costs of processing such as credit checks, reference checks, income verification and other various clerical procedures involved in placing applicants on the waiting list and processing.

By signing this memo, you are not entering into a contract, only paying a fee. The payment of this fee does not obligate HDC or the Owner to rent to you. You acknowledge that this fee will not be returned to you for any reason.

As a part of your rental housing application we will run a criminal check, sex offender check, credit check, landlord references and other resident selection criteria on all persons in your household age 18 and older as required by our management contract with the owner of this community.

If you write a check for this fee and it is returned by the bank for insufficient funds, account closed or in any manner not honored for payment, you will be charged \$20.00.

If you have questions about processing or the resident selection plan, you are encouraged to ask questions prior to submitting your application.

In addition, please be advised that under Federal Law, persons with disabilities have the right to request reasonable accommodations to rules and modifications to apartments at no cost to themselves

By signing this memo, I understand that I will not have the processing fee returned to me whether I am accepted as an applicant or rejected.

Name (printed): _____

Signature: _____

Date: _____ Received by: _____

Employee Signature

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:

Choose Property

Paid by: Cash Check Money Or





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Choose Property

FOR OFFICE USE ONLY:

Date Received: _____ Time Received: _____

Please Complete this Application & Return to:

Choose Property

The following information is confidential and will not be disclosed without your consent.

No. of bedrooms: _____ Do you receive Section 8 or any other rental subsidy? Yes /No

HOUSEHOLD COMPOSITION Starting with the Head of Household, list all members who will live at this location. Provide the relationship of the household member to the Head of Household (spouse, daughter, etc.)				
MEMBER NO.	FULL NAME	RELATIONSHIP	BIRTHDATE M/D/Y	SOCIAL SECURITY NO.
Head of Household				
2				
3				
4				
5				
6				
7				
8				

Applicant's Name (Head of Household)		Email address:		Home Phone ()
Present Street Address	City	State	Zip Code	No. Yrs. at Present Address
Former Street Address	City	State	Zip Code	No. Yrs. at Former Address
Co-Applicant's Name		Email address:		Home Phone ()
Present Street Address	City	State	Zip Code	No. Yrs. at Present Address
Former Street Address	City	State	Zip Code	No. Yrs. at Former Address



RENTAL APPLICATION

CURRENT / PREVIOUS LANDLORD INFORMATION (Head of Household) Provide the name, address, and phone number for all landlords in the past 3 years.				
Current Landlord Street Address	City	State	Zip Code	Phone ()
Previous Landlord Street Address	City	State	Zip Code	Phone ()
Previous Landlord Street Address	City	State	Zip Code	Phone ()
CURRENT / PREVIOUS LANDLORD INFORMATION (Co-Applicant) Provide the name, address, and phone number for all landlords in the past 3 years.				
Current Landlord Street Address	City	State	Zip Code	Phone ()
Previous Landlord Street Address	City	State	Zip Code	Phone ()
Previous Landlord Street Address	City	State	Zip Code	Phone ()

EMPLOYMENT INFORMATION:

Name and Address of Employer (Head of Household)		Type of Business	Self Employed? Yes <input type="checkbox"/>
Business Phone Number ()	Position/Title	No. Yrs. on Job	No <input type="checkbox"/>
Name and Address of Employer (Co-Applicant)		Type of Business	Self Employed? Yes <input type="checkbox"/>
Business Phone Number ()	Position/Title	No. Yrs. on Job	No <input type="checkbox"/>
Name and Address of Employer (Other Adult Member)		Type of Business	Self Employed? Yes <input type="checkbox"/>
Business Phone Number ()	Position/Title	No. Yrs. on Job	No <input type="checkbox"/>

INCOME INFORMATION: List source: Wages, Social Security, SSI, Pension, Unemployment, or other type of income.

Source:	Amount:
Source:	Amount:
Source:	Amount:
Source:	Amount:
Source:	Amount:



PLEASE LIST MOTHER'S FULL MAIDEN NAME FOR ALL ADULTS	
YOUR FULL NAME	YOUR MOTHER'S FULL MAIDEN NAME
1.	
2.	

Do you have problems with insect/rodent infestation? Yes / No

If Yes please answer the following:

Did you assist in the prep prior to extermination? Yes / No

Was the extermination successful? Yes / No

Are you or any member of your household currently using an illegal substance? Yes / No

Are you or any member of your household currently abusing alcohol? Yes / No

Have you or any member of your household been convicted of drug use or manufacture or any other felony? Yes / No

Have you or any member of your household been convicted of any crime in the past seven years? Yes / No

(Note: any crime includes ALL crimes - misdemeanor, summary offense & felony)

If yes, what type of conviction? _____

Have you or any member of your household ever been evicted from any housing?
Yes / No

Are you or any member of your household registered with any State as a Sexual Offender?
Yes / No

If yes, which state(s)? _____

Please list ANY state in which ANY member of the household listed on page one (1) has resided:

Are there any special housing needs or reasonable accommodations that the household will require? Yes / No **If yes, list below:**





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COMMENTS/ADDITIONAL INFORMATION

MARKETING – HOW DID YOU HEAR ABOUT? Choose Property (Mark all that apply)

- Brochure/Flyer
- Referral- Employer
- Signage
- Craigslist
- Referral- Family Member
- Walk In
- Drive-By
- Referral- Resident
- Transfer
- Facebook
- Referral- Other
- Other _____
- HDC Website
- Referral- Local Agency
- Newspaper: please indicate which newspaper: _____
- Website: please indicate which website: _____

The information provided in this application is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy. I/we understand that in order to be considered for housing we must pass all the resident selection criteria including a credit check, landlord reference, criminal background check, and income qualification. I / we understand that if information is missing (intentional or not), incomplete, or falsely reported on this rental application I/we shall be immediately rejected for consideration of housing. I/we understand that this application gives Housing Development Corporation permission to verify all the information included within the application and other information requested during the processing of the application. **I/we understand that this application is not an approval for housing.**

*****ALL PERSONS AGE 18 AND OLDER MUST SIGN THIS APPLICATION BELOW*****

Applicant (Head of Household)

Date

Co-Applicant

Date





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CONSENT: I authorize and direct any business; individual; or Federal, state, or local agency, department, or organization to release to Housing Development Corporation MidAtlantic as Management Agent for Choose Property any information or materials needed to complete and verify my application for tenancy, my eligibility and continued eligibility for tenancy, and my certification and recertification for assistance, if applicable. I give my consent for the release of such information about the minor children in my care who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by any Federal, state, or local housing assistance agency and the owner and management agent in administering and enforcing program and owner and management agent rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- | | | | |
|--------------------------------|----------------------------------|------------------------------|------------------------|
| Identity and Marital Status | Employment, Income and Assets | Credit and Criminal Activity | Criminal History |
| Residences and Rental Activity | Medical or Child Care Allowances | Social Security Numbers | Sexual Offender Status |

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- | | | |
|---|----------------------------------|-------------------------------|
| Previous Landlords (including Public Housing Agencies) | Past and Present Employers | Veterans' Administration |
| Banks and other Financial Institutions | Welfare Agencies | Retirement Systems |
| Post Offices | Social Security Administration | State Unemployment Agencies |
| Schools and Colleges | Utility Companies | Support and Alimony Providers |
| Credit Providers and Credit Bureaus | Medical and Child Care Providers | |
| Police Departments and Other Agencies Which Retain Criminal Background Histories and Sexual Offender Registries | | |

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or a Public Housing Authority (PHA) may conduct matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, state, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Agency, and state welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

I hereby certify that the following are minor children living with me: _____

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM MUST BE PREPARED AND SIGNED SEPARATELY.





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THIS IS NOT A CONTRACT

I, _____, (Licensee) hereby state that with respect to this
HDC managed property, Choose Property, I am acting in the following capacity:

**As Agent of the Owner/Landlord Pursuant to a Property Management
Agreement.**

Signatures:

I acknowledge that I have received this notice:

(Consumer/Applicant)

Date

(Consumer/Applicant)

Date

I certify that I have provided this notice:

(Licensee)

Date





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717/291-1911 • Fax 717/291-0987 • National Relay Service for hearing impaired, dial 711

